



Program of All Inclusive Care for the Elderly

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MPH Candidate



Criteria for Participation

- ▶ Medicare Program
- ▶ Dual Eligibles (typically)
- ▶ You live in the service area of a PACE organization
- ▶ Age 55 or older
- ▶ You are certified by the state in which you live as meeting the need for the nursing home level of care.
- ▶ You are able to live safely in the community when you join with the help of PACE services

- ▶ PACE is a Medicare program for older adults and people over age 55 living with disabilities. This program provides community-based care and services to people who otherwise need nursing home level of care. PACE was created as a way to provide you, your family, caregivers, and professional health care providers flexibility to meet your health care needs and to help you continue living in the community. An interdisciplinary team of professionals will give you the coordinated care you need. These professionals are also experts in working with older people. They will work together with you and your family (if appropriate) to develop your most effective plan of care.



The National PACE Association (NPA) exists to advance the efforts of Programs of All-Inclusive Care for the Elderly (PACE®). PACE programs coordinate and provide all needed preventive, primary, acute and long-term care services so older individuals can continue living in the community.



In 2006, West Virginia was awarded Federal grant funding for the establishment of a Rural PACE® demonstration program. Then Governor Manchin turned the funding down and the program was never launched. West Virginia's State Plan includes provisions for PACE®. So, why are there no programs in WV?



Why does West Virginia need PACE®?



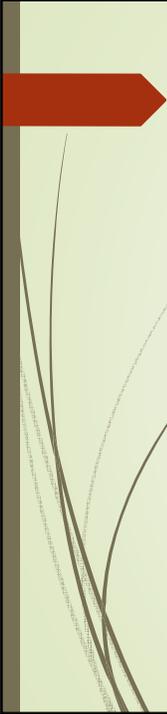
West Virginia is the second most elderly state in the country, with 16% of the population currently age 65 and older (hereafter referred to as the elderly) and projections that upwards of 25% of West Virginia's population will be elderly by 2035 (West Virginia Center on Budget & Policy, 2012). Nationally, predictions are that five million elderly people will reside in the Appalachian Region, which includes West Virginia, by the year 2025 (Lichter, D., Garratt, J. Marshall, M. and Cardella, M., 2005).

Lichter, D., Garratt, J., Marshall, M. and Cardella, M. (2005). *Emerging patterns of population redistribution and migration in Appalachia*. Retrieved from

<http://www.prb.org/pdf05/changingpatternspoverity.pdf>

West Virginia Center on Budget & Policy and West Virginia Partnership for Elder Living. (2012). *The state of older adults in West Virginia: economic security and the over 65 population*. Retrieved from

http://www.wvpolicy.org/downloads/PEL_Report_7.11.12.pdf



Remember that Dual Eligible requirement?

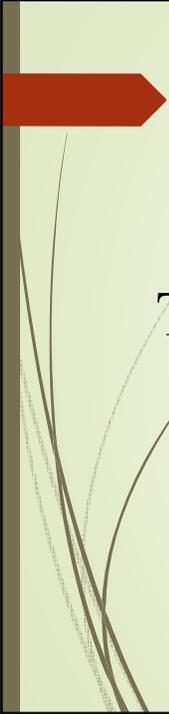


Healthcare costs are a major factor driving reforms such as PACE®. Healthcare costs for the elderly are much higher than for younger people, due to increased emergency department (ED) visits, hospital readmissions and long-term care (nursing home) utilization (Mukamel D., Bajorska, A., and Tempkin-Greener, H., 2002). The Institute of Medicine (2009) predicts that the demand for health care services for the elderly will rise substantially in the coming years, putting increased financial pressure on Federal Medicare and State Medicaid budgets, as these two entities are the primary insurance coverage for elderly people. With the aging population, the current health care payment system is a prominent factor in leading experts to propose health care reform for the elderly (Shea, Shih, & Davis, 2008).

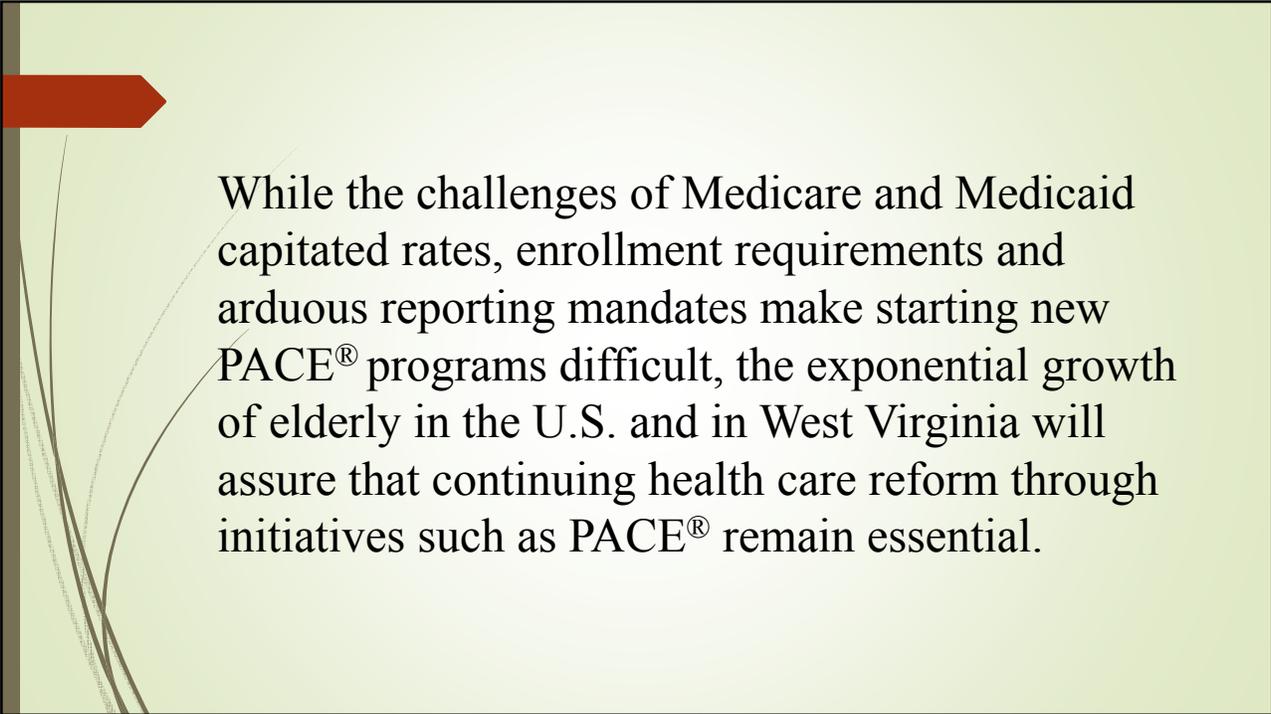
Institute of Medicine (2009). *Retooling for an Aging America*. Retrieved from <http://www.nap.edu/catalog/12089.html>

Mukamel, D., Bajorska, A., and Tempkin-Greener, H. (2002). Health care service utilization at the end of life in a managed care program integrating acute and long-term care. *Medical Care*, 40(12), 1136-1148.

Shea, K., Shih, A., and Davis, K. (2008). Health care opinion leaders' views on health care delivery system reform. *The Commonwealth Fund*, April 2008. Retrieved from: http://www.commonwealthfund.org/-/media/Files/Publications/Data%20Brief/2008/Apr/Health%20Care%20Opinion%20Leaders%20Views%20on%20Health%20Care%20Delivery%20System%20Reform/Shea_HCOLorganizeddelivery_1122%20pdf.pdf



The bottom line here is the **PMPM**



While the challenges of Medicare and Medicaid capitated rates, enrollment requirements and arduous reporting mandates make starting new PACE[®] programs difficult, the exponential growth of elderly in the U.S. and in West Virginia will assure that continuing health care reform through initiatives such as PACE[®] remain essential.